Type or print in ink. Amounts may be rounded to whole dollars.

LATE CONTRIBUTION REPORT

NAME OF FILER Brown for Governor 2010 Exploratory Committee		Date of This Filing11/04/2009	Date Stamp	CALIFORNIA 497	
AREA CODE/PHONE NUMBER (510)628-0202	I.D. NUMBER (if applicable) 1321867		Report No		For Official Use Only
STREET ADDRESS	,		Amendment to Report No.	Page 1 of 6	
CITY Oakland	STATE CA	ZIP CODE 94612-1775	(explain below) No. of Pages 6		

Late Contribution(s) Received

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED
11/02/2009	Tutor-Saliba Sylmar, CA 91342-1051	☐ IND☐ COM☐ OTH☐ PTY☐ SCC		\$25,900.00
11/02/2009	Robert Abernethy Los Angeles, CA 90009-0855	IND COM OTH PTY SCC	President American Standard Development Co.	\$13,900.00
11/02/2009	Tutor-Saliba Sylmar, CA 91342-1051	☐ IND☐ COM☐ OTH☐ PTY☐ SCC		\$13,900.00

*Contributor Codes	
IND - Individual	PTY - Political Party
COM - Recipient Committee (other than PTY or SCC) OTH - Other	SCC - Small Contributor Committee

Reason for Amendment:

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STREET ADDRESS			Amendment to Report No.	Page 2 of 6	
CITY Oakland	STATE CA	ZIP CODE 94612-1775	No. of Pages 6		

Late Contribution(s) Received

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11/02/2009	Eddie Orton Piedmont, CA 94611-3556	IND COM OTH PTY SCC	President/CEO Craneway Pavilion	\$5,000.00
11/02/2009	Venture Strategy Group San Francisco, CA 94108-5083	☐ IND☐ COM☐ OTH☐ PTY☐ SCC		\$5,000.00
11/03/2009	Michael Bykhovsky San Francisco, CA 94115-1724	IND COM OTH PTY SCC	Chief Strategist Applied Financial Technology	\$7,500.00

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STREET ADDRESS			Amendment to Report No.	Page 3 of 6	
CITY Oakland	STATE CA	ZIP CODE 94612-1775	(explain below) No. of Pages6		

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11/03/2009	Angelica Thieriot San Francisco, CA 94115-1106	IND COM OTH PTY SCC	Homemaker Homemaker	\$5,000.00
11/03/2009	Nancy Ascher San Francisco, CA 94143-2205	IND COM OTH PTY SCC	Chair UCSF Department of Surgery	\$5,000.00
11/03/2009	John Berggruen San Francisco, CA 94108-4612	IND COM OTH PTY SCC	President/Owner John Berggruen Gallery	\$5,000.00

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Reason for Amendment:

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LATE CONTRIBUTION REPORT

NAME OF FILER Brown for Governor 2010 Exploratory Committee		Date of This Filing11/04/2009	Date Stamp	CALIFORNIA 497	
AREA CODE/PHONE NUMBER (510)628-0202	I.D. NUMBER (if applicable) 1321867		Report No. 20091104-356326E-02		For Official Use Only
STREET ADDRESS			Amendment to Report No.	Page 4 of 6	
CITY Oakland	STATE CA	ZIP CODE 94612-1775	(explain below) No. of Pages6		

Late Contribution(s) Received

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED
11/03/2009	Eli Lilly and Company PAC Sacramento, CA 95814-3953	☐ IND☐ COM☐ OTH☐ PTY☐ SCC		\$5,000.00
10/29/2009	Jimmy Westcott Dallas, TX 75205-1239	IND COM OTH PTY SCC	Volunteer Volunteer	\$25,900.00
10/29/2009	Vin Di Bona Los Angeles, CA 90064	IND COM OTH PTY SCC	CEO/Executive Producer Vin Di Bona Productions	\$25,000.00

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AREA CODE/PHONE NUMBER (510)628-0202	I.D. NUMBER (if applicable)		Report No	2	For Official Use Only	
STREET ADDRESS			Amendment to Report No.	Page 5 of 6		
CITY Oakland	STATE CA	ZIP CODE 94612-1775	No. of Pages 6			

Late Contribution(s) Received

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED
10/29/2009	Jimmy Westcott Dallas, TX 75205-1239	IND COM OTH PTY SCC	Volunteer Volunteer	\$13,900.00
10/29/2009	Christopher Cohan Oakland, CA 94607-4019	IND COM OTH PTY SCC	Owner Golden State Warriors	\$5,000.00
11/02/2009	Eli Broad Los Angeles, CA 90024-6548	IND COM OTH PTY SCC	Founder The Broad Foundations	\$12,000.00

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STREET ADDRESS						Page 6 of 6	
CITY Oakland		STATE ZIP C CA 94612	ODE -1775	(explain below) No. of Pages 6			
Late Contri	ibution(s) Made						
DATE MADE	FULL NAME, MAILING ADDRESS AND ZIP CODE OF RECIPIENT (IF COMMITTEE, ALSO ENTER I.D. NUMBER)		RECIPIENT	CANDIDATE AND OFFICE OR MEASURE AND JURISDICTION		AMOUNT OF CONTRIBUTION	DATE OF ELECTION (IF APPLICABLE)

Reason for Amendment: